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14. ABSTRACT

A community based network to assist with the reintegration of service members and their families was created in the state of Maine; the Maine Military & Community Network. Survey packages were sent to a random sample of community members in Maine prior to the creation of this network and to another follow up random sample one year later to assess community collaboration and support, awareness of the challenges faced by this cohort and if their needs are being met, as well as confidence in knowledge about the resources available to assist them. Over the course of the project, Maine showed statistically significant increases in community coordination and support and overall communication and awareness. Although not statistically significant, Maine showed increases across all variables (with the exception of self knowledge of mental health issues). Further comparisons with a control condition, collected from two random samples in Massachusetts, did not result in any statistically significant interactions of time by state.

15. SUBJECT TERMS
Reintegration, community networks, prevention

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Military, Family and Community Networks Helping with Reintegration
Principal Investigators: Laurie Slone, PhD, Susan Storti, PhD, RN, CARN-AP, CAS
11/2011

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Introduction

The purpose of this study was to create a community based network, similar to the VT Military, Family and Community Network program, in another state or region, and at the same time test the effectiveness of the program. We posited that the creation of this network would mobilize the community to help with: assisting military members and their families with reintegration following deployment; educating the community about PTSD and other mental health problems that can occur following severe stressors; decreasing barriers to care; and at the same time minimizing resources expended and improving communication between these resources. This type of network can also help to identify gaps in services and brings together experts in the community to work to address them.

The aims of this study are 1) to duplicate this collaborative program in another region, in this case Maine, 2) to evaluate the internal functioning of the collaborative network, and 3) to simultaneously evaluate the effectiveness of this type of community network on community coordination, collaboration, support, communication, and satisfaction; level of involvement in community; and respondents' self-efficacy regarding knowledge of: reintegration issues following deployment and how to obtain information and care (e.g. from Family Readiness Groups, Veterans Affairs, Employer Support of the Guard and Reserves, etc.). In addition, given the nature of the study, descriptive data were collected from a broad community sample of care providers that provide insight to community awareness and knowledge of the issues that Service Members and their families face following deployment, and what resources are available to them.

Body

This evaluation research involves a repeated baseline pre- post mail survey, collecting data before and after the creation of the network. The project was funded by a DoD CDMRP for 18 months so data were collected at the extremes of this timeframe. We collected pre- post data for Maine and staggered the premeasures in Maine across three time points to observe any change that might occur prior to the intervention, thus providing us more assurance that any changes we detect following the intervention occurred as a result of the intervention. In addition, we assessed a small sample from a matched control community, in this case Massachusetts (excluding the Boston area) at the same pre and post time points.

The intervention involves a kick-off conference and building a military, family and community network to improve coordination and collaboration in the community. The intervention includes using existing services and resources to hold a monthly meeting to encourage networking among community members, creation of a website to consolidate communications, and an awareness campaign across the region of interest. The evaluation intends to measure the effectiveness of the program on increasing community mobilization to provide better assistance to our returning service members and their families.

Project Delays
This project has seen many delays over the course of the research. One of the Project PIs came down with pneumonia in the initial months of the project. The research team experienced hiring issues from the onset. A project manager was hired only two quit two weeks into the project for personal reasons. Another project manager was not brought on board until January 2009. There were difficulties and delays in hiring a data entry staff member because of issues of hiring staff to work on a VA campus that are Dartmouth employees. Then, prior to the final data collection period the project manager for this research moved to Washington State and left the project. An extension without funds was granted on 22 January 2010, extending the period of performance for six months, ending 30 September 2010. The data entry staff member graduated from Dartmouth in June 2010, prior to final data entry so the project was delayed again. The National Center for PTSD donated some personnel time to this effort to complete data entry and cleaning. After an incomplete final report was submitted, the project computer hard drive gave out and the previous final report is not available therefore this report had to be created from scratch.

Methods
At the onset of the study contact information for essential partners, community members who would potentially join this type of network and/or benefit from this intervention were gathered in both ME and MA. These lists contained community members such as human services agency personnel, military family program personnel and volunteers, VA outreach workers and clinicians, community mental health and substance abuse counselors, other providers, and other potential network members. Direct mail survey packages were sent between April 2009 and June 2009 to randomly selected samples from that list: 2000 to ME and 800 to MA. The survey packets included a cover letter, 4 page survey, and a postage paid return envelope. The survey data provides a baseline to evaluate the effectiveness of the program, and pre and post included measures of: level of knowledge/involvement in community; current community coordination, social assets, perceived local support and satisfaction, communication and collaboration across agencies; and respondents' self-efficacy regarding knowledge of: reintegration issues following deployment. We employed the Dillman method () to increase response rate, meaning two weeks following the initial mailing we followed up with a reminder

postcard, then one week later mailed another survey package. All survey responses were anonymous.

Throughout network development, we gathered information on gaps and successes from the Network coordinator and assessed internal network functioning at two time points, using a self-evaluation collaboration assessment administered to network members.

Approximately one year after the kickoff conference, we surveyed a second sample from each of the initial cohorts. At the end of June 2011, one month following the MMCN kickoff conference, we used the same methodology and sent a second similar survey package to another randomly selected 2000 individuals from ME and 800 from MA. In the second survey respondents were asked if they completed the baseline survey and those in ME were queried about the amount of involvement they had with the network.

Measures
A collaborative community scale was adopted for the purposes of this study. Responses were made on a 6 point Likert scale from completely disagree (1) to completely agree (6). Summary variables were created for:
- Community coordination and support (7 items, e.g. "There is effective collaboration across various organizations in providing services to returning service members and their families")
- Overall awareness and communication (10 items, e.g. "I am confident I understand the issues that troops and their families face post deployment")
  - Awareness of issues and challenges (4 items)
  - Awareness of resources and services (4 items)
- Needs are being met (7 items, e.g. "Most employers know about community resource for service members and their families" and "Our community knows how to help returning troops")
- Respondents' confidence in knowledge of services (11 items)
  - Knowledge of MH services (4 items)
  - Knowledge of day to day life assistance (7 items)

Data Analyses
The two baseline samples were compared using cross tabs and then data collected at baseline was collapsed to provide descriptive of community awareness of the issues returning troops and families face and the resources available to assist them. Descriptive statistics are provided for community members' perceptions of how prepared the community is for these issues, including amount of collaboration among various organizations, and if they believe needs are being met, how involved respondents are with their community and this population, and how confident respondents are in their ability to assist.

Pre and post survey results were compared in Maine on the four main summary measures using t-tests, also investigating relevant subscales of awareness (needs versus resources) and types of knowledge (mental health versus day to day life assistance). Finally the ME test community was compared with the control community in MA using ANOVA to see if there were any significant interactions of time and state to see if this indicates further support to this type of intervention.

Results

Response rate was lower than initially predicted. For the first wave of data, prior to the intervention 17% of those in ME and 12.5% of those in MA responded to this paper and pencil survey. For wave 2, 13.2% responded in ME and 21.8% in MA (total response rate 15.6% for each wave).

We were not allowed to collect any personally identifying information in this study therefore we could not assess repeated measures on the same individuals. However, because the two samples could have overlapped and a person might have received a survey in both waves we asked a question about how confident people were that they completed a previous version of this survey. In ME 52% did not respond to this question and in MA81% did not respond. Out of those who did respond, 43% in ME and 69% in MA did not know or answered 3 or less on this item. Looking at this most conservatively 27% in ME and 7.5% in MA answered 4 or more on this confidence scale.

Starting in January 2009 regular meetings were held on the second Wednesday of each month at the headquarters of the Maine National Guard Family Program with conference line availability for those who could not attend in person. Over the first few months, a Network name, mission statement, logo and steering committee were formed and conference planning began. The kickoff conference for the Maine Military & Community Network was held at Colby State College on June 11, 2009. Approximately 200 individuals were in attendance along with the Governor of ME, the Adjutant General of the ME National Guard, General Libby, and the Associate Director of the VA Medical Center in Togus, Ryan Lilly. The day was deemed extremely valuable to participants and there was widespread state media coverage of the event. In January 2010 the Maine Military & Community Network Website launched at www.MaineMCN.org and pages for the network have been set up on social networking sites to increase awareness. Promotional materials including brochures, magnets, exhibit materials, TV and radio psa's and local advertisements were dispersed throughout the course of the project.

Community Preparation in ME and MA. Limited descriptive data were collected from respondents however ME and MA were compared across Wave 1 with the hypothesis that the samples would not differ at baseline. Cross tabs were calculated to compare percent of sample that indicated they were mental health providers, substance abuse counselors, or concerned citizens as well as if they indicated they held a role that involved Service Members, Veterans or their families. Chi sq tests indicated there were no significant differences in how many indicated that their role involved military, nor numbers that selected MH or Citizen however MA was slightly less likely to be substance abuse counselors Chi sq (1) = 4.54, p=.03.

Data were therefore collapsed across wave 1 and include 338 surveys from ME and 100 surveys from MA. 22.8% of respondents indicated that they held a role that involved Service Members, Veterans and or their families. Modal number of roles that respondents saw themselves in was one, however a mean of 2.3 roles were checked. The most prevalent role was mental healthcare provider (68.7%), followed by substance abuse (20.3%) and concerned citizen (17.6%). Very few (< 5%) indicated roles of media, military1, rehabilitation, or VSOs. Twelve percent of the sample said they work exclusively with Veterans or Service Members and their families, while 76.3% said they also work with others in the community (2.7% responded that they did not work with either of these groups). Respondents indicated that they serve the following populations: adults 87.2%, teens 56.2%, children 37.7%, and families 55.0%. Survey respondents were also asked who they felt was collaborating in their community (34 organizations) and the top groups they perceived as collaborating included VA mental health providers (46.3%), Vet Centers (40.2%), VA social workers (32.6%), military family program personnel (31.5%), chaplains (28.5%), VSOs (27.2%), community mental health providers

(26.3%), and the state office of Veterans affairs (25.8%). The groups perceived to be minimally collaborating (<5%) included child services, the media, and chambers of commerce.

The baseline surveys indicate that community members perceive a lack of coordination and collaboration between various services that exist (M=2.9 on a scale of 1-6 from strongly disagree to strongly agree, for both coordination and collaboration), do not believe the needs of service members and their families are being met (M = 2.5), and think community members can do more to assist M=5.2). The community also perceives that leaders in the community are more aware of the needs and resources than are community members themselves and community members are less aware of resources and services (M=2.8) than of the needs of these individuals (M=3.1) all t-tests, p< .05)

Table 1 shows the mean responses for community members' perceptions of how prepared the community is for these issues, including amount of collaboration among various organizations, and if they believe needs are being met, how involved respondents are with their community and this population, and how confident respondents are in their ability to assist. Of note, the majority of respondents indicated that above the other items, they somewhat agree that there is a strong feeling of community support for this cohort (M=4.15(2.06) mode 5).

Table 1

	Mean (sd)	Scaled to 1-6 Likert
Community coordination and support (7 items)	21.38 (7.88)	3.05
Overall awareness and communication (10 items)	32.69 (9.33)	3.27
-Awareness of issues and challenges (4 items)	17.37 (6.71)	4.34
-Awareness of resources and services (4 items)	9.45 (4.18)	2.36
Needs are being met (7 items)	18.16 (5.77)	2.59
Respondents' knowledge of services (11 items)	38.12 (13.67)	3.47
-Knowledge of MH services (4 items)	17.11 (5.71)	4.28
-Knowledge of day to day life assistance (7 items)	21.27 (8.99)	3.04

More involved individuals should have a more accurate perception of community awareness. Table 2 shows mean awareness of the overall sample compared to those who said they were very involved in the community and those who said they were very involved with Veterans, military or their families (out of the 438 respondents in the first wave, 33.6% (N=147) indicated they >=4 about involvement with troops and families and 59.1% (N=259) indicated >=4 on amount of involvement with the community in general). Means reveal that more involvement, particularly with this cohort is related to greater awareness.

Table 2

	Overall sample	Community involved	Vet involved
Overall awareness and communication (10 items)	3.27	3.47	3.65
Awareness of issues and	4.34	3.13	3.30

challenges (4 items)			
Awareness of resources and services (4 items)	2.36	2.83	3.00

A question was also included on how confident respondents were that they can help military members and their families access needed resources and services. Mean response was 4.05 (2.58) indicating they somewhat agree that community members can help.

Effect of intervention. Summary measures for Maine were compared for Wave 1 and Wave 2 to see if there were indeed any changes over time (see Table 3, column 1). After one year of the Maine Military & Community Network being in place, survey responses indicated statistically significant increases in community coordination and support, and overall awareness and communication. Although not statistically significant, all means increased over time, with the exception that confidence in knowledge of mental health issues stayed the same over time.

Only a portion of those surveyed at time 2 had involvement with the MMCN. Out of the wave 2 sample who responded to this item, 41% indicated that they did not know about or had nothing to do with the Network, 29% had little involvement and 30% responded they had a least some involvement in the Maine Military Community Network.

Table 3

	Mean Difference (sd error)	ANOVA comparing ME to MA over time
Community coordination and support (7 items)	2.65 (1.05)*	State $F(1, 412) = 0.30$ Time $F(1,412) = 2.12$ Interaction $(1, 412) = 1.76$
Overall awareness and communication (10 items)	3.36 (1.06)*	State $F(1, 443) = 5.95*$ Time $F(1,443) = 4.77*$ Interaction $(1, 443) = 1.17$
Awareness of issues and challenges (4 items)	n.s.	State $F(1, 798) = 0.16$ Time $F(1,798) = 0.21$ Interaction $(1, 798) = 0.21$
Awareness of resources and services (4 items)	n.s.	State $F(1, 544) = 3.31$ Time $F(1, 544) = 2.51$ Interaction $(1, 544) = 0.00$
Needs are being met (7 items)	2.54 (1.42)	State $F(1, 187) = 2.26$ Time $F(1, 187) = 1.51$ Interaction $(1, 187) = 0.76$
Respondents' knowledge of services (11 items)	0.50 (1.26)	State $F(1, 665) = 3.78*$ Time $F(1,665) = 0.12$ Interaction $(1, 665) = 0.01$
Knowledge of MH services (4 items)	n.s.	State $F(1, 735) = 2.25$ Time $F(1, 735) = 0.00$ Interaction $(1, 735) = 0.72$
Knowledge of day to day life assistance (7 items)	n.s.	State $F(1, 679) = 4.08*$ Time $F(1, 679) = 0.20$ Interaction $(1, 679) = 0.32$

*$p < .05$

It is difficult to match samples or to control for what things might happen in one community as opposed to another. Nonetheless to provide some comparison to control for the effect of time, we collected a sample of responses in MA as well as in ME. Univariate ANOVAs were used to assess the effect of time and state on several dependent measures. Given that we could not assess the same respondents over time, we could not take advantage of the decrease in noise that would be accommodated by repeated measures ANOVA even though there were some respondents who replied in both waves. As shown in the second column of Table 3, there were three significant main effects of state, one main effect of time, and no significant interactions. Maine was higher on overall awareness and communication and knowledge of services, in particular day to day living resources, than MA. Over time both ME and MA increased in overall awareness but there were no interactions indicating ME changed more over time than MA. However a pattern of non statistically significant trends in the data do appear to be promising. (See Figures 1 and 2).

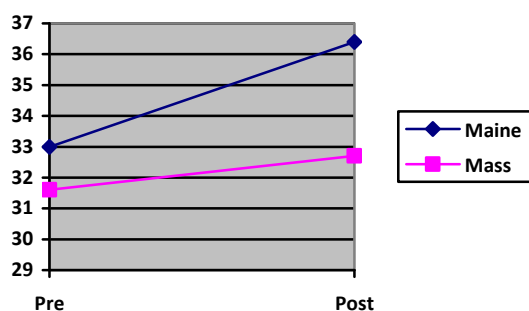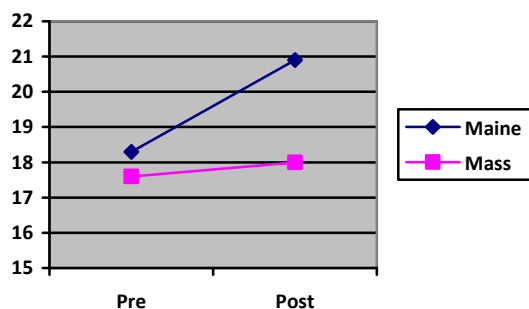Figure 1 Overall communication and awareness over time.

Figure 2 Satisfaction that needs are being met over time

Limitations
Ideally we would want to show that this type of network model can actually help troops, Veterans and their families reintegrate more smoothly following deployments to war. This investigation is a first step in this direction, showing a community based network approach can increase awareness and perhaps knowledge in the community. The time frame allotted in this study for evaluation of a community network was very limited. One year is not much time in

which to assess for community wide changes. In VT, the VT MFCN has been in existence since 2005, and it was only after several years that the VT State Agency of Human Services Field Service Directors and congressional Veteran representatives began to report that fewer individuals seemed to be falling through the cracks.

Key Research Accomplishments

- Created a community based collaborative network in the state of Maine, called the Maine Military & Community Network
- Regular meetings are held on the second Wednesday of each month at the headquarters of the Maine National Guard Family Program from 11-1230 with conference line availability for those who cannot attend in person
- Over the first few months, a Network name, mission statement, logo and steering committee were formed and conference planning began.
- Held a kickoff conference at Colby State College on June 11, 2009. Approximately 200 individuals were in attendance along with the Governor of ME, the Adjutant General of the ME National Guard, General Libby, and the Associate Director of the VA Medical Center in Togus, Ryan Lilly.
- January 2010 the Maine Military & Community Network Website launched at www.MaineMCN.org.
- Promotional materials including brochures, magnets, exhibit materials, TV and radio psa's and local advertisements were dispersed throughout the year and a half of the project.
- Resource Guide is posted on the Website and copies were printed and distributed.
- One year after the kickoff conference, surveys sent to a second sample from each of the initial cohorts at the end of June 2011
- Collaborative Checklist was collected from steering group at onset of Network and one year post.
- Data analyses reveal increases in community coordination and support as well as overall communication and awareness in Maine over the year of the investigation.
- Data analyses also reveal that overall community members appear to have higher levels of confidence in knowledge of issues that service members and families face and mental health issues and dealing with MH issues, but less confidence and knowledge of the services and resources that are available to help returning service members and their families.

Reportable Outcomes

- To date, two presentations have been given based on this award:
    - "Military, Family and Community Networks Helping with Reintegration: Community Perspectives." International Society for Traumatic Stress Studies, Atlanta, GA, 11/2010
    - "Helping our veterans after the war zone." SPRIG Research Group: Dartmouth College, Hanover, NH, 6/2008
- Two manuscripts are in preparation:
    - One paper outlining community awareness and knowledge
    - One paper reporting the evaluation of the community network project

Conclusions

This pilot study, in spite of a short time period in which to achieve community wide change, succeeded in showing increases in coordination and support and community awareness. Results when comparing with a control community indicate some promise that this type of network effort can be effective. The professionals surveyed show higher levels of confidence in knowledge of issues that service members and families face and mental health issues and dealing with those, but less confidence and knowledge of the services and resources that are available to help these folks.

Anecdotally, we have heard comments that community members are much more supportive of this cohort of returning service members than was seen following Vietnam. Of note, the majority of respondents indicated that above the other items, they agree that there is a strong feeling of community support for this cohort.

The creation of the MMCN has led to continued efforts in the state of Maine, even after the coordination and support of the project came to an end in the summer of 2010. The MMCN network is participating in the Substance Abuse and Mental Health Services Administration policy academy. In June 2011 a second state wide event was held in Maine, again at Colby College. The Maine Military & Community Network continues to meet and to distribute information across the state.

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Appendices

- Maine Military & Community Network Website homepage
- Bibliography of Presentations to Date and List of Personnel Receiving Pay
- Copy of survey
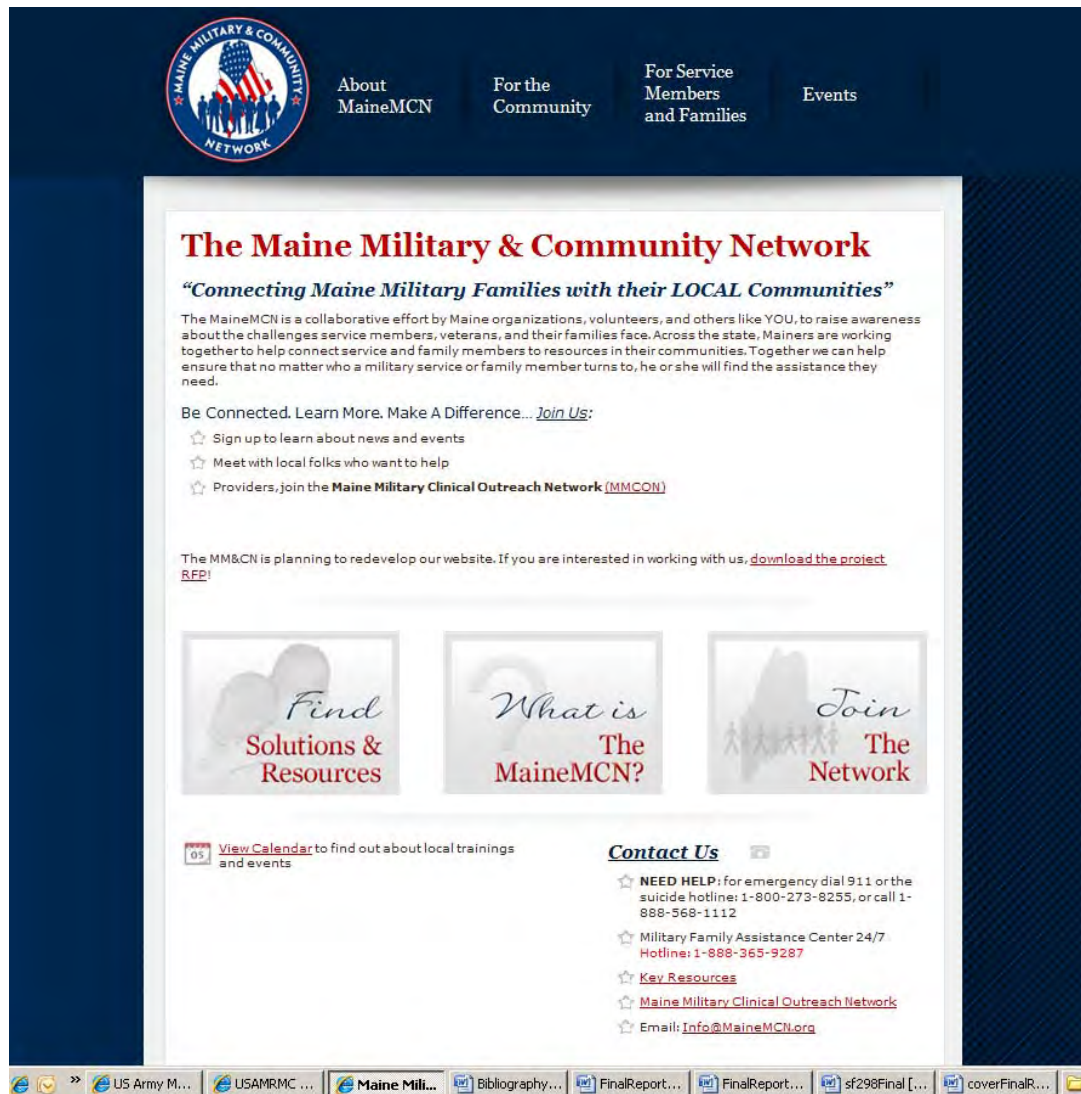
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"Helping our veterans after the war zone." SPRIG Research Group: Dartmouth College, Hanover, NH   6/2008

Personnel Receiving Pay

Susan Storti
Julie Wolf
Kathryn Olson
Jonathan Adelson

Survey on Efforts to Assist Service Members Returning from War

We are interested in assuring that troops who have served in the war and their families are provided any services and assistance they need once they are back on the home front. We are assessing various communities to understand if appropriate services and resources are available and to assure that these resources are easily accessible. This is one of the first surveys of this kind.

The following questions apply to any projects or programs that provide resources and services for military troops and their families following deployment to war. We are interested in assessing your community's current ongoing efforts and the coordination between these efforts.

NOTE: About a year ago, an initial survey was sent out asking about the amount of collaboration that exists in your community to meet the needs of returning service members and their families. The survey was very similar to this one. Please do not discard this survey. We ask that if you completed the earlier survey, that you **PLEASE COMPLETE IT AGAIN**. Your insight and experience are needed!

*	I am confident that I completed the first wave of this survey approximately 1 year ago.	*	*	*	*	*	*	*

The term "**community**" should be taken to mean your ***state***. (Please circle one *)

In my community:	Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
1 Relevant leaders are aware of the needs of and the resources/services for troops and their families.	*	*	*	*	*	*	*
2 Community members are aware of the needs of returning troops and their families.	*	*	*	*	*	*	*
3 Community members are aware of resources and services for troops and their families.	*	*	*	*	*	*	*
4 I am very involved in working with service members and their families who experience deployment.	*	*	*	*	*	*	*
5 I am very involved in my community.	*	*	*	*	*	*	*

6	In your role in the community do you exclusively serve military members/veterans and their families?
	❑ Only military members/veterans & their families ❑ Community members as well

7	Which of the following groups do you serve?
	❑ adults ❑ adolescents ❑ children ❑ families

8 What *best* describes your role in the community? (Please check all that apply)

_ State/local govt. health/human services	_ Rehabilitation (Circle: vocational, physical)
_ Leader in a community- service agency/org.	_ Substance abuse counselor
_ VA provider	_ Concerned citizen
_ Faith based leader	_ Veteran
_ Veterans Service Orgs (VSOs)	_ Military member/leader
_ Outreach personnel	_ Military family member
_ Emergency services	_ Mental health provider
_ Media	_ Child services
_ Criminal Justice	_ Education/University
_ Other	

Coordination and support

		Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
9	Various organizations that provide services to returning veterans and their families work well together.	*	*	*	*	*	*	*
10	There is a great deal of coordination across various organizations in providing services to returning veterans and their families.	*	*	*	*	*	*	*
11	There is effective collaboration between agencies that serve service members and their families (such as between the organizations listed above).	*	*	*	*	*	*	*

12 **Who is collaborating?** Check each group that you believe is working together on providing services to returning veterans and their families.

_ Military Command	_ Vet2Vet Peer Groups
_ Military Chaplains	_ Faith based orgs
_ Military Family Programs	_ Law enforcement
_ State Guard	_ Legislative Reps
_ Transition Assistance Advisors	_ Dept of Labor
_ VA Mental Health	_ Chambers of Commerce
_ VA Eligibility/Enrollment	_ Employers
_ Vet Center(s)	_ EAP providers
_ VA Social Work	_ Tricare/Healthnet
_ VA Chaplains	_ Media (radio, TV etc.)
_ VA OEF/OIF Rep	_ Relationship counselors
_ Veterans Service Orgs (VSOs)	_ Child services
_ Employer Support for the Guard & Reserves	_ Colleges/Universities
_ Information & Referral Resources	_ Emergency Medical
_ State agency/dept. of Health & Human Services	_ Community Mental Hea
_ Department of Education	_ Substance Abuse Providers
_ State Office of Veterans Affairs	_ Philanthropic Organizations

Coordination and support

		Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
13	There is strong feeling of community support for returning veterans and their families.	*	*	*	*	*	*	*
14	There are adequate community resources for returning veterans and their families.	*	*	*	*	*	*	*
15	Key people at all organizations that provide services to returning veterans/families know one another.	*	*	*	*	*	*	*
16	There are adequate social resources and supports available for returning veterans and their families.	*	*	*	*	*	*	*

Communication and Awareness

		Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
17	I am confident I understand the issues that service members and families face pre & during deployment.	*	*	*	*	*	*	*
18	I am confident I understand the issues that troops and their families face post deployment.	*	*	*	*	*	*	*
19	The amount of communication among members of the community about all of the various resources and services that are available is sufficient (calendars, meetings, newsletters etc).	*	*	*	*	*	*	*
20	The amount of communication *to service members and their families* about resources and services that are available is sufficient (resource guides, call centers, information and referral lines).	*	*	*	*	*	*	*
21	The amount of education for *the community* about the challenges and various resources & services that are available is sufficient (conferences, trainings, news).	*	*	*	*	*	*	*
22	There is effective use of the media to promote awareness *to service members and their families* about resources and services that are available.	*	*	*	*	*	*	*
23	There is effective use of the media to promote awareness *to the community* about resources and services that are available.	*	*	*	*	*	*	*
24	I am confident I thoroughly understand the issues that troops and their families face due to deployment.	*	*	*	*	*	*	*
25	I am confident I understand what *common* reactions to expect in most troops following deployment.	*	*	*	*	*	*	*
26	I am confident I understand the signs & symptoms of more serious mental health problems such as PTSD.	*	*	*	*	*	*	*

Meeting needs

		Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
27	I am satisfied that the needs of returning veterans and their families are being met.	*	*	*	*	*	*	*
28	Most service members/families know about community resources & services and how to access them.	*	*	*	*	*	*	*
29	Most employers know about community resources for service members and their families.	*	*	*	*	*	*	*
30	Most colleges/students know about community resources for service members and their families.	*	*	*	*	*	*	*
31	I believe the majority of service members and their families are satisfied that their needs are being met.	*	*	*	*	*	*	*
32	Our community knows how to help returning troops.	*	*	*	*	*	*	*
33	Our community can do more to help provide for returning troops and their families.	*	*	*	*	*	*	*

I am confident in the amount of knowledge I have about the resources and services that are available for veterans and their families in the following areas:

		Strongly Disagree	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Strongly Agree	NA Don't Know
34	Financial Resources	*	*	*	*	*	*	*
35	Employment/career	*	*	*	*	*	*	*
36	Educational opportunity	*	*	*	*	*	*	*
37	Child Issues	*	*	*	*	*	*	*
38	Housing	*	*	*	*	*	*	*
39	Substance abuse	*	*	*	*	*	*	*
40	Relationship issues	*	*	*	*	*	*	*
41	Traumatic Brain Injury (TBI)	*	*	*	*	*	*	*
42	Handling emotions (grief, anger, guilt etc.)	*	*	*	*	*	*	*
43	VA services and benefits	*	*	*	*	*	*	*
44	Mental Health (PTSD, depression, etc.)	*	*	*	*	*	*	*

45	I am confident I can help military members and their families access these various resources & services.	*	*	*	*	*	*	*

As you may know, in the state of Maine, over the past year a collaborative effort was undertaken, the Maine Military & Community Network. This Network was formed to provide assistance to returning service members and their families by increasing networking among the resources and services that already exist, as well as increasing community awareness of the challenges that service members and their families can face.

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		I am not interested	Aware/not involved	Involved minimally	Involved a little	Involved somewhat	Very Involved	I did not know of this effort
47	How involved are you in this community collaboration?	*	*	*	*	*	*	*

I need more information on the following to more effectively do my job:

_____

_____

_____

_____

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Thank you for completing this survey!